

健康署婦女乳房 X 光攝影檢查服務之篩檢疑似異常個案報告表

病歷號： _____。

檢查資訊	
姓名	身分證統一編號 統一證號(外籍)
出生日期	年 月 日 攝影日期 年 月 日
醫院名稱	放射科醫師
乳房 X 光攝影疑似異常結果	
<input type="checkbox"/> Category 0: Need Additional Imaging Evaluation. <input type="checkbox"/> Category 3: Probably Benign Finding – Short Interval Follow-up Is Suggested. <input type="checkbox"/> Category 4: Suspicious Abnormality – Biopsy Should Be Considered. <input type="checkbox"/> a. Low suspicion ; <input type="checkbox"/> b. Moderate suspicion ; <input type="checkbox"/> c. High suspicion <input type="checkbox"/> Category 5: Highly Suggestive of Malignancy – Appropriate Action Should Be Taken.	
病灶勾選 (如單側多處病灶或兩側皆有病灶, 請以不同表單分開呈現)	
<input type="checkbox"/> 1. Mass: <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> Multiple, Unilateral <input type="checkbox"/> Multiple, Bilateral	
Location	<input type="checkbox"/> UOQ <input type="checkbox"/> UIQ <input type="checkbox"/> LOQ <input type="checkbox"/> LIQ <input type="checkbox"/> Subareolar <input type="checkbox"/> Axillary tail
	One view only <input type="checkbox"/> Upper Hemisphere <input type="checkbox"/> Lower Hemisphere <input type="checkbox"/> Outer Hemisphere <input type="checkbox"/> Inner Hemisphere
Size	<input type="checkbox"/> < 1.0 cm <input type="checkbox"/> 1-2 cm <input type="checkbox"/> 2-3 cm <input type="checkbox"/> 3-4 cm <input type="checkbox"/> > 4 cm
Shape	<input type="checkbox"/> Round <input type="checkbox"/> Oval <input type="checkbox"/> Lobular <input type="checkbox"/> Irregular
Margin	<input type="checkbox"/> Circumscribed <input type="checkbox"/> Microlobulated <input type="checkbox"/> Obscured <input type="checkbox"/> Indistinct <input type="checkbox"/> Spiculated
Density	<input type="checkbox"/> High density <input type="checkbox"/> Equal density <input type="checkbox"/> Low-density <input type="checkbox"/> Fat-containing
<input type="checkbox"/> 2. Calcifications: <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> Multiple, Unilateral <input type="checkbox"/> Multiple, Bilateral	
Location	<input type="checkbox"/> UOQ <input type="checkbox"/> UIQ <input type="checkbox"/> LOQ <input type="checkbox"/> LIQ <input type="checkbox"/> Subareolar <input type="checkbox"/> Axillary tail
	One view only <input type="checkbox"/> Upper Hemisphere <input type="checkbox"/> Lower Hemisphere <input type="checkbox"/> Outer Hemisphere <input type="checkbox"/> Inner Hemisphere
Distribution	<input type="checkbox"/> Grouped <input type="checkbox"/> Linear <input type="checkbox"/> Segmental <input type="checkbox"/> Regional <input type="checkbox"/> Diffuse
Morphology	<input type="checkbox"/> Amorphous <input type="checkbox"/> Coarse Heterogeneous <input type="checkbox"/> Fine Pleomorphic <input type="checkbox"/> Fine Linear Branching
<input type="checkbox"/> 3. Asymmetry: <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> Asymmetry <input type="checkbox"/> Focal asymmetry <input type="checkbox"/> Developing asymmetry	
Location	<input type="checkbox"/> UOQ <input type="checkbox"/> UIQ <input type="checkbox"/> LOQ <input type="checkbox"/> LIQ <input type="checkbox"/> Subareolar <input type="checkbox"/> Axillary tail
	One view only <input type="checkbox"/> Upper Hemisphere <input type="checkbox"/> Lower Hemisphere <input type="checkbox"/> Outer Hemisphere <input type="checkbox"/> Inner Hemisphere
<input type="checkbox"/> 4. Architectural Distortion: <input type="checkbox"/> Rt. <input type="checkbox"/> Lt.	
Location	<input type="checkbox"/> UOQ <input type="checkbox"/> UIQ <input type="checkbox"/> LOQ <input type="checkbox"/> LIQ <input type="checkbox"/> Subareolar <input type="checkbox"/> Axillary tail
	One view only <input type="checkbox"/> Upper Hemisphere <input type="checkbox"/> Lower Hemisphere <input type="checkbox"/> Outer Hemisphere <input type="checkbox"/> Inner Hemisphere
<input type="checkbox"/> 5. Thickening or retraction of the skin and/or nipple: <input type="checkbox"/> Rt./ <input type="checkbox"/> Lt.	
<input type="checkbox"/> 6. Dense or enlarged axillary LNs: <input type="checkbox"/> Rt./ <input type="checkbox"/> Lt.	
<input type="checkbox"/> 7. Dilated lactiferous ducts: <input type="checkbox"/> Rt./ <input type="checkbox"/> Lt.	
<input type="checkbox"/> 8. Diffuse thickening of the skin and increased density: <input type="checkbox"/> Rt./ <input type="checkbox"/> Lt.	
<input type="checkbox"/> 9. Others:	